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Public Health Reports

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UNITED STATES.

[Reports to the Surgeon-General United States Marine-Hospital Service.]

Review of operations in advisory capacity in suppressing smallpox in Georgia.

[By P. A. Surg. C. P. WERTENBAKER.]

WILMINGTON, N. C., *October 24, 1899.*

SIR: Some months ago you directed me to keep under observation places and sections in the South where smallpox has prevailed during the past year or two, and to report my observations to you from time to time. Being recently in Georgia on special duty, I took advantage of the opportunity thus offered to make inquiry regarding the smallpox conditions existing at present in the State, and particularly those sections that I visited in the earlier part of this year to aid in the suppression of the disease.

In the latter part of January last, I was ordered by you to report in person to the governor of Georgia for the purpose of advising and assisting him in stamping out smallpox in the State. There is no State board of health in Georgia, so I was assigned by the governor to a place on his staff as a special aide, and acted as the chief health officer for the State. In this capacity I visited such places in the State as directed by the governor, where smallpox was prevailing, acting as expert diagnostician in doubtful cases of smallpox, and advising the local authorities as to the methods to be followed for the suppression of the disease.

When, in the course of my recent special duty, I reached Atlanta, I called to pay my respects to his excellency the governor, and he gave me the following information: During the past year smallpox appeared in 30 out of the 137 counties in the State. In many of the counties only a few cases appeared, and they were quickly suppressed; in others, however, the disease became widespread, and covered an extended ter-

ritory. At the present time smallpox is only known to exist in a few places, chiefly in the southwestern part of the State.

It is very gratifying to learn that wherever I had been, and my advice followed, the suppression of the epidemic had been quickly accomplished. This was notably true of Jones County. Smallpox had existed in this county for over a year previous to my visit last January, and practically nothing had been done to suppress it. My visit aroused the authorities to activity, and it is gratifying to note that within two months after, smallpox was practically eradicated from the county. The same thing was true of other localities. The conditions in the various places mentioned were somewhat as follows: An eruptive disease, so mild in character that it frequently did not confine the patient to bed, and but rarely resulted in death, was prevailing.

It was confined chiefly to the negroes, at first, and many of them recovered without being seen by a physician. In this way the disease became epidemic before it was known. When it was brought to the attention of the physicians, many of them had never seen a case of smallpox, while others recalled the characters of confluent smallpox, seen many years before. The disease was therefore not recognized in many cases, and faulty diagnoses were made.

The local authorities were at times in doubt as to the real character of the disease, but more frequently were disinclined to take any active measures because such action meant the expenditure of money and also because many of the people did not believe the disease to be smallpox and refused to aid the authorities in its suppression. It was under these circumstances that the presence of a medical officer of the Marine-Hospital Service was requested, as it was agreed by all that his diagnosis and advice would be accepted.

My work consisted in determining, first, if smallpox existed in or near that locality, and if so, to advise the authorities and the people as to the methods to be followed for its suppression. With the exception of the larger cities, there are no health organizations in Georgia. The county affairs are managed by an official called the "ordinary," who is generally the judge of the probate court, or else by a board of county commissioners. No provision is made for a county physician or health officer. It will be seen that the suppression of an outbreak of smallpox in a county would come as a new problem to the local authorities. Many of them are farmers or merchants in small towns, and unfamiliar with matters pertaining to general sanitation and public health. It is herein that the Service has rendered the most useful aid to the people, at a time and in a manner they most needed it.

The value of the work done by the Service at its maritime quarantines, and in suppressing yellow fever is well known and appreciated by the country at large, but the value of the work of the Service as is here mentioned is less known and consequently is less appreciated, though in its way it is quite as useful to the country. I stopped for a few hours in Savannah and had a pleasant interview with Dr. Brunner, the efficient health officer of Savannah. He informs me that there is no smallpox in Savannah at this time, and the disease seems to be eradicated for the present from the counties along the Savannah River, both in Georgia and South Carolina, where it was prevailing last spring.

From my observation and information received at various points in the State I have formed the following conclusions as to the existing smallpox conditions in Georgia: The State is fairly clear of the disease at present, the chief infected locality being a group of counties in the southwestern part of the State, near the Alabama line.

From the fact that smallpox prevailed in so many localities last winter I am of the opinion that there will be a recurrence of the disease in or near those localities this winter. However, as vaccination has been more general during the past year, and as the authorities are more familiar with the disease and the methods for its suppression, I anticipate that there will be fewer outbreaks, and that they will be more quickly suppressed than last year.

I will continue to keep the State under observation, with other places in the South, and will report should occasion demand it.

Yellow fever in Key West, Fla., and other places.

[Continued from last PUBLIC HEALTH REPORTS.]

FLORIDA.

Key West.—Official reports are as follows: October 26, 5 cases, 2 deaths; October 27, 2 cases, no deaths; October 28, 2 cases, 1 death; October 29, 2 cases; October 30, 2 cases, 1 death; October 31, 2 cases; November 1, 1 case; November 2, 3 cases.

Miami.—October 25, 1 case, no deaths; October 26, 5 cases; October 27, 7 cases; October 25, Steward Peck is ordered to report to Passed Assistant Surgeon Stimpson at Miami for duty; October 28, P. A. Surg. T. B. Perry ordered to Titusville, Fla., to act as purchasing agent for the detention camp under command of Passed Assistant Surgeon Stimpson; October 30, Assistant Surgeon von Ezdorf reports 7 cases, no deaths, yesterday; camp at Fulford will be opened Thursday; to day, 5 cases, 2 deaths. October 31, 2 cases, no deaths; Passed Assistant Surgeon Stimpson reports that 40 guests will go to the detention camp tomorrow. November 1, 8 cases. November 2, Passed Assistant Surgeon Perry reports his arrival at Titusville, Fla.; 2 new cases of fever.

Port Tampa.—November 1, Assistant Surgeon Trotter reports, "By order of the State board of health quarantine season closes to-day, except against Key West and Miami.

Tortugas—Detention Camp.—October 30, Passed Assistant Surgeon Smith reports as follows: "All refugees released to-day, except 2 who are employees of the camp."

LOUISIANA.

New Orleans.—October 27, 2 cases, weather continues warm; October 28, 1 case, 1 death; October 29, 4 cases, 1 death.

October 30, weather reports indicate light frost in central Mississippi and northern Louisiana; October 31, 1 new case.

MISSISSIPPI.

Jackson.—October 31, Surgeon Carter telegraphs as follows: "Mississippi raises quarantine at midnight; also quarantining ports of Louisiana." November 1, Dr. Hunter reports 6 cases and 1 death since last report, October 30.